

TOWN OF AMHERST INSPECTION SERVICES

(413) 256-4030, Fax (413) 256-4076

DIG SAFE TELEPHONE # 1-888-DIG SAFE (1-888-344-7233)

APPLICATION TO CONSTRUCT, REPAIR, RENOVATE OR CHANGE THE USE
OR OCCUPANCY OF ANY BUILDING **OTHER THAN** A ONE OR TWO FAMILY DWELLING

SECTION 1 - SITE INFORMATION					
1.1a Property Address: _____		1.1b Job Site # _____		1.2 Assessors Map & Parcel Number: Map # _____ Parcel # _____ Lot # (plan) _____	
1.3 Zoning Information: Zoning District _____ Proposed Use _____			1.4 Property Dimensions: Lot Area (sf) _____ Frontage (ft) _____		
1.5 Building Setbacks (ft)					
FRONT YARD		SIDE YARDS		REAR YARD	
Required	Provided	Required	Provided	Required	Provided
			/		
1.6 Water Supply (M.G.L.c.40 s 54) Public <input type="checkbox"/> Private <input type="checkbox"/>			1.7 Sewage Disposal System: Municipal <input type="checkbox"/> On Site System <input type="checkbox"/>		
1.8 Flood Zone Information Zone _____ Outside Flood Zone <input type="checkbox"/>			1.9 Driveway Permit Yes <input type="checkbox"/> N/A <input type="checkbox"/>		1.10 Storm Drainage Yes <input type="checkbox"/> No <input type="checkbox"/>
SECTION 2 - DESCRIPTION OF PROPOSED WORK (check all applicable)					
New Construction <input type="checkbox"/>		Existing Building <input type="checkbox"/>		Repairs <input type="checkbox"/>	
Alteration <input type="checkbox"/>		Addition <input type="checkbox"/>			
Accessory Building <input type="checkbox"/>		Other <input type="checkbox"/> Specify: _____		Heating/Fuel _____	
Bldg. Size: _____ ft wide x _____ ft long		# of stories _____		# of rooms _____	
Brief Description of Proposed Work: _____ _____					
SECTION 3 - COSTS & FEES					
3.1 ESTIMATED COST		3.3 FEES FOR NEW CONSTRUCTION			
ITEM	EST. AMOUNT	DESCRIPTION	SQ. FT. AREA	COST	SUB-TOTAL
1. Building		a. Multi-family/ Living Area - First Unit		X 0.55	
2. Electrical		b. Additional Dwelling Units, Cellars & Attached Accessory		X 0.35	
3. Alarm System		c. Dorms		X 0.65	
4. Fire Protection		d. Business/Industrial/Educational		X 0.65	
5. Plumbing		e. Satellite Dish		\$30.00	
6. Mechanical		f. Detached Accessory	100 SF or less	\$30.00	
7. Total (1+2+3+4+5+6)		g. Detached Accessory over 100 SF	(_____ sf-100)	x 0.25 + \$30.00	
3.2 FEES FOR ALTERATIONS		h. Wood stove/Chimney		\$30.00	
Total from 3.1 round up to next 1000, divide by 100 and add \$30.00		i. Swimming Pool abv. ground Swimming Pool in-ground.		\$50.00 \$75.00	
TOTAL 3.3 (a+b+c+d+e+f+g+h+i+j).....					
Total 3.2		3.4 Fire Dept. Fee		Check #:	Rcpt #:
TOTAL FEE 3.2 + 3.3:		RECEIPT #:		CHECK #:	
Driveway/Water/ Sewer		Paid [] N/A []			

SECTION 4 - USE GROUP AND CONSTRUCTION TYPE

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USE GROUP (Check as applicable)			Occupant Load	CONSTRUCTION TYPE	
A Assembly	[]	A-1 [] A-2 [] A-3 [] A-4 [] A-5 []		1A	[]
				1B	[]
B Business	[]			2A	[]
E Educational	[]			2B	[]
F Factory	[]	F-1 [] F-2 []		2C	[]
H High Hazard	[]			3A	[]
I Institutional	[]	I-1 [] I-2 [] I-3 []		3B	[]
M Mercantile	[]			4	[]
R Residential	[]	R-1 [] R-2 [] R-3 []		5A	[]
S Storage	[]	S-1 [] S-2 []		5B	[]
U Utility	[]	Specify:		TOTAL Bldg. OCCUPANCY	
Sp Special Use	[]	Specify:			
M Mixed Use	[]	separated [] non-separated []			

COMPLETE THIS SECTION IF EXISTING BUILDING IS UNDERGOING RENOVATIONS, ADDITIONS, AND/OR CHANGE IN USE

Existing Use Group: _____	Proposed Use Group: _____
Existing Hazard Index (780 CMR 34): _____	Proposed Hazard Index (780 CMR 34): _____

SECTION 5 - BUILDING HEIGHT & AREA

BUILDING AREA	Existing (if applicable)	Proposed
Number of floors or stories (include basement levels)		
Floor Area per Floor (sf)		
Total Area (sf)		
Total Height (ft)		

SECTION 6 - STRUCTURAL PEER REVIEW (780 CMR 110.11)

Independent review required	
Yes []	No []

SECTION 7 - CONSTRUCTION SERVICES FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE

7.1 Licensed Construction Supervisor: Name of Licensed Construction Supervisor: (Please Print) _____ Company Name: _____ Address: (Please Print) _____ zip code _____ Signature _____ Telephone _____	Not Required [] License Number _____ Expiration Date _____ () _____ Job Site Telephone # _____
7.2 Registered Home Improvement Contractor: Company Name (Please Print) _____ Contractor's Name (Please Print) _____ Address: (Please Print) _____ zip code _____ Signature _____ Telephone _____	Not Required [] Registration Number _____ Expiration Date _____

**SECTION 8 - PROFESSIONAL DESIGN AND CONSTRUCTION SERVICES - FOR BUILDINGS
AND STRUCTURES SUBJECT TO CONSTRUCTION CONTROL PURSUANT TO
780 CMR 116 (CONTAINING MORE THAN 35000 C.F. OF ENCLOSED SPACE)**

8.1 Registered Architect:

_____ Name (Registrant): (Please Print)	Not Required []
_____ Address (Please Print)	_____ Registration Number
_____ zip code	_____ Expiration Date
_____ () Signature Telephone	

8.2 Registered Professional Engineer(s):

_____ Name (Registrant): (Please Print)	_____ Area of responsibility
_____ Address: (Please Print)	_____ Registration #
_____ zip code	_____ Expiration Date
_____ () Signature Telephone	

_____ Name (Registrant): (Please Print)	_____ Area of responsibility
_____ Address: (Please Print)	_____ Registration #
_____ zip code	_____ Expiration Date
_____ () Signature Telephone	

_____ Name (Registrant): (Please Print)	_____ Area of responsibility
_____ Address: (Please Print)	_____ Registration #
_____ zip code	_____ Expiration Date
_____ () Signature Telephone	

_____ Name (Registrant): (Please Print)	_____ Area of responsibility
_____ Address: (Please Print)	_____ Registration #
_____ zip code	_____ Expiration Date
_____ () Signature Telephone	

8.3 General Contractor

_____ Company Name: (Please Print)	Not Required []
_____ Responsible Person in Charge of Construction: (Please Print)	_____ License #
_____ Address: (Please Print)	_____ Expiration Date
_____ zip code	_____ ()
_____ () Signature Telephone	_____ Job Site Telephone #

SECTION 9 - WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152 #25C (6))

I, _____ do hereby certify that:

[☐] I am an employer providing the following workers compensation coverage for my employees
 _____ (policy #/insurance company)

[☐] I am not required to have workers' compensation insurance under M.G.L. c. 152, Sect. 25 (c)(6)

SECTION 10a - PROPERTY OWNERSHIP

Owner of Record:

 Name (Please Print)

 Signature

 Current Address (Please Print)

 Town

 State

 Zip Code

 Telephone

**SECTION 10b - AUTHORIZED AGENT - To be completed when contractor is not
 acting as owner's agent**

Authorized Agent:

 Name & Position (Please Print)

 Signature

 Current Address (Please Print)

 Town

 State

 Zip Code

 Telephone

**SECTION 11a - OWNER AUTHORIZATION - To Be Completed When Owners' Agent or
 Contractor Applies For Building Permit**

I, _____, as Owner of the subject Property hereby
 (Please Print)
 authorize _____ to act on my behalf, in all matters relative to
 (Please Print Contractor's Name)
 work authorized by this building permit application.

 Signature of Owner

 Date

SECTION 11b - CONTRACTOR (AUTHORIZED AGENT)/OWNER DECLARATION

I, _____, as Contractor/Authorized Agent/ Owner hereby declare
 (Please Print) (circle one)
 that the statements and information on the forgoing application are true and accurate, to the best of my
 knowledge and belief. ***Signed under the pains and penalties of perjury.***

 Signature of Contractor (Agent)/Owner

 Date

APRIL 1, 2000

Return to: AMHERST INSPECTION SERVICES
 4 BOLTWOOD AVENUE
 AMHERST, MA 01002

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